Page 1 of 2 ☐ Fatal

New Jersey Police Crash Investigation Report

☒ Reportable ☐ Non-Reportable ☐ Change Report

1. Case Number: 20-049925

2. Police Dept. of: Elizabeth — Code: 01

3. Station/Precinct:

10. Crash Occurred On: 339 Grier Avenue (Road Name) (Dir)

☒ At Intersection with: Grove Street
☐ Feet ☐ Miles ☐ N ☐ E ☐ S ☐ W
14 15 16

11. Speed Limit: 25

12. Route No. | Suffix | 13. Milepost

18. Speed Limit

19. ☐ To: Ramp ☐ From:

17. Cross Road Name/Route No.

☐ NB ☐ EB ☐ SB ☐ WB

4. Date of Crash (mm dd yy): 04 05 20

5. Day of Week: (SU) M Tu W Th F Sa

6. Time (use 2400 hrs.): 1130

7. Municipality Code: 2004

8. Total Killed: 00

9. Total Injured: 00

21. Latitude | 20 Route Name/Route No. | 22. Longitude

Vehicle 1

23. Veh. #: V1

24. Policy No.: 111 8229 A10 30A

25. NJ Ins. Code: 962

☒ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp. to Emergency ☐ Hit & Run

26. Driver's First Name | Initial | Last Name: ---------- --

29. Sex: ----

27. Number & Street: ----------

28. City | State | Zip: ----------

30. Eyes | DL Class | Restrictions | Endorsements | 31. State

32. Driver's License Number | 33. DOB (mm dd yy) | 34. Expires (mm yy)

35. Owner's First Name | Initial | Last Name

☐ Same as Driver: Fremeli Matos-Mejia

36. Number & Street: 339 Grier Avenue

37. City | State | Zip: Elizabeth, NJ 07202-3351

38. Make	39. Model	40. Color	41. Year	42. Plate No.	43. State
HON	ACC	WHI	15	X60KZW	NJ

44. VIN: 1HGCR2F54FA088458

45. Expires: 02/21

46. Vehicle Removed to: ----------

☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded
☒ Left at Scene ☐ Towed Impounded

47. Authority
☒ Owner ☐ Driver ☐ Police

48. Alcohol Drug Test
Given: ☐ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine
Results: 0. % ☐ Pending

49. Hazardous Material
☐ None ☐ On Board ☐ Spill
Hazard Class | Placard No.

50. Carrier No.
☐ USDOT ---------- ☐ None
☐ MC/MX ----------

51. GVWR / GCWR *(trucks & buses only)*
☐ ≤ 10,000 lbs.
☐ 10,001 - 26,000 lbs.
☐ ≥ 26,001 lbs.

52. Motor Carrier or Government Entity: ----------

Number & Street: ----------

City | State | Zip: ----------

Vehicle 2

53. Veh. #: V2

54. Policy No.:

55. NJ Ins. Code:

☐ Parked ☐ Ped ☐ Pedalcyclist ☐ Resp. to Emergency ☒ Hit & Run

56. Driver's First Name | Initial | Last Name: ---------- --

59. Sex: ----

57. Number & Street: ----------

58. City | State | Zip: ----------

60. Eyes | DL Class | Restrictions | Endorsements | 61. State

62. Driver's License Number | 63. DOB (mm dd yy) | 64. Expires (mm yy)

65. Owner's First Name | Initial | Last Name

☐ Same as Driver

66. Number & Street:

67. City | State | Zip:

68. Make	69. Model	70. Color	71. Year	72. Plate No.	73. State

74. VIN:

75. Expires: /

76. Vehicle Removed to: ----------

☐ Driven ☐ Towed Disabled ☐ Towed Disabled & Impounded
☐ Left at Scene ☐ Towed Impounded

77. Authority
☐ Owner ☐ Driver ☐ Police

78. Alcohol Drug Test
Given: ☐ No ☐ Yes ☐ Refused
Type: ☐ Breath ☐ Blood ☐ Urine
Results: 0. % ☐ Pending

79. Hazardous Material
☐ None ☐ On Board ☐ Spill
Hazard Class | Placard No.

80. Carrier No.
☐ USDOT ---------- ☐ None
☐ MC/MX ----------

81. GVWR / GCWR *(trucks & buses only)*
☐ ≤ 10,000 lbs.
☐ 10,001 - 26,000 lbs.
☐ ≥ 26,001 lbs.

82. Motor Carrier or Government Entity: ----------

Number & Street: ----------

City | State | Zip: ----------

135. Damage to Other Property ☐ Yes *(If Yes, describe)* ☐ No

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Oper.	136. Charge	137. Summons No.	Oper.	138. Charge	139. Summons No.
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Oper.	140. Charge	141. Summons No.	Oper.	142. Charge	143. Summons No.
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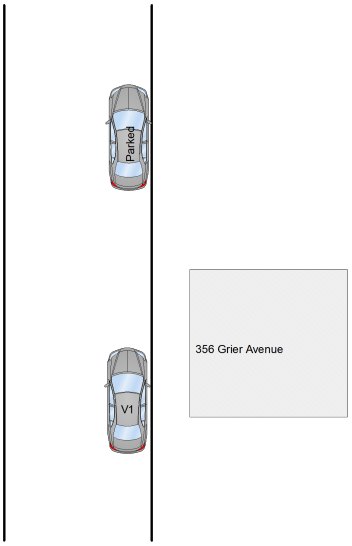
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants *If Deceased, Date & Time of Death*
A	----	----	----	----	----	----	----	----	----	----	----	----	----	---------- ------
B	----	----	----	----	----	----	----	----	----	----	----	----	----	---------- ------
C	----	----	----	----	----	----	----	----	----	----	----	----	----	---------- ------
D	----	----	----	----	----	----	----	----	----	----	----	----	----	---------- ------

	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants *If Deceased, Date & Time of Death*
E	----	----	----	----	----	----	----	----	----	----	----	----	----	----------
F	----	----	----	----	----	----	----	----	----	----	----	----	----	----------
G	----	----	----	----	----	----	----	----	----	----	----	----	----	----------
H	----	----	----	----	----	----	----	----	----	----	----	----	----	----------
I	----	----	----	----	----	----	----	----	----	----	----	----	----	----------
J	----	----	----	----	----	----	----	----	----	----	----	----	----	----------



145. Crash Description/Narrative

Owner of vehicle 1 states that the vehicle was parked in front of 356 Grier Avenue between 7 - 8 p.m. on 04-03-20. On 4-5-20 at 11:30 he noticed the damage to the front passenger side of his vehicle.

146. Officer's Signature	147. Badge #	148. Reviewer	Badge #	149. Case Status
Dilollo, William: PO D788		RMEOLA		☒ Pending ☐ Complete

New Jersey Police Crash Investigation Report Motor Vehicle Crash Description	Police Dept. Elizabeth Station_____	Code 0 1 Case No. 20-049925

Dilollo, William: PO D788
Officer's Signature

_____
Badge Number

New Jersey Police Crash Investigation Report

Motor Vehicle Crash Description

Police Dept. Elizabeth Code 0 1

Station Case No. 20-049925

I Officer DiLollo, observed damage to both vehicle's that was consistent with the witness statements. There was white paint and scratches to the driver side rear portion of suspect vehicle and red paint left on vehicle 1 on the passenger side front bumper within the damage.

Vehicle 1 - Insurance - State Farm

Dilollo, William: PO D788

Officer's Signature

Badge Number

New Jersey Police Crash Investigation Report Motor Vehicle Crash Description	Police Dept: Elizabeth Code: 0 1 Station: _____ Case No.: 20-049925

(Refer to vehicle by number)

83 Veh Occ	84 Pos In/On	85 Eject	86 Phys Cond	87 Age	88 Sex	89 Loc inj	90 Type Inj	91 Ref Med	92 Equip Avail	93 Equip Used	94 Bag Dept	95 Hosp Code	Names & Addresses of Occupants - If Deceased, Date & Time of Death

Dilollo, William: PO D788

Officer's Signature

Badge Number